

23 CV 1159-✓

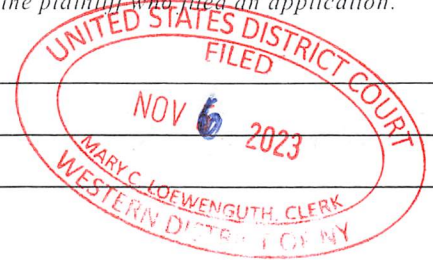
Revised 03/06 WDNY

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF NEW YORKFORM TO BE USED IN FILING A CIVIL COMPLAINT IN FEDERAL COURT  
(Non-Prisoner Context)

All material filed in this Court is now available via the **INTERNET**. See **Pro Se Privacy Notice** for further information.

**1. CAPTION OF ACTION**

**A. Full Name of Plaintiff:** **NOTE:** If more than one plaintiff files this action and seeks in forma pauperis status, *each* plaintiff must submit an in forma pauperis application or the only plaintiff to be considered will be the plaintiff who filed an application.

Michael Worthy

-VS-

**B. Full Name(s) of Defendant(s)** **NOTE:** Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. Add a separate sheet, if necessary.

1. Eileen Logsdon, Dog Court
2. Kara Buscaglia, Town Justice
3. Rob Steinhau
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**2. STATEMENT OF JURISDICTION, VENUE and NATURE OF SUIT**

All of these sections **MUST** be answered

Identify the basis for federal Court jurisdiction over your claim, such as that the United States government is a party to the action, all the parties reside in different states and therefore you claim diversity jurisdiction, or the claim presents a federal question or arises under federal law.

A. Basis of Jurisdiction in Federal Court: arises under Federal Law

State why the Western District of New York is the proper venue for this action, such as that your claim arises in or the defendant resides in the 17 westernmost counties of New York State.

B. Reason for Venue in the Western District: All party's Resides in Western New York Counties

Identify the nature of this action, such as that it is a civil rights claim, a personal injury or personal property (tort) claim, a property rights claim, or whatever it is.

C. Nature of Suit: Civil Rights Claim

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**3. PARTIES TO THIS ACTION**

**PLAINTIFF'S INFORMATION** NOTE: To list additional plaintiffs, use this format on another sheet of paper.

Name of First Plaintiff: Michael Worthy

Present Address: 201 Ellicott St. Apt. 238

Name of Second Plaintiff: \_\_\_\_\_

Present Address: \_\_\_\_\_

**DEFENDANT'S INFORMATION** NOTE: To list additional defendants, use this format on another sheet of paper.

Name of First Defendant: Eileen Logsdon

Official Position of Defendant (if relevant): Amherst Drug Court Administrator

Address of Defendant: 400 John James Audubon Pkwy  
Amherst, N.Y. 14228

Name of Second Defendant: Kara Buscaglia

Official Position of Defendant (if relevant): Amherst Town Court Judge

Address of Defendant: 400 John James Audubon Pkwy  
Amherst, N.Y. 14228

Name of Third Defendant: Rob Steinhilber

Official Position of Defendant (if relevant): Attorney

Address of Defendant: 305 Main St. East Aurora, N.Y. 14052

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**4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT**

A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_

3. Docket or Index Number: \_\_\_\_\_

4. Name of Judge to whom case was assigned: \_\_\_\_\_

5. The approximate date the action was filed: \_\_\_\_\_

6. What was the disposition of the case?

Is it still pending? Yes ☐ No ☐

If not, give the approximate date it was resolved. \_\_\_\_\_

Disposition (check those statements which apply):

☐ Dismissed (check the statement which indicates why it was dismissed):

☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

☐ By court due to your voluntary withdrawal of claim;

☐ Judgment upon motion or after trial entered for

☐ plaintiff

☐ defendant.

### 5. STATEMENT OF CLAIM

**Please note** that it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, just tell the story of what happened and do not use legal jargon.

**Fed.R.Civ.P. 8(a)** states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995).

**Fed.R.Civ.P. 10(b)** states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

**A. FIRST CLAIM:** On (date of the incident) February 7th, 2017,

defendant (give the **name and (if relevant) the position held of each defendant** involved in this incident) Eileen Logsdon falsified court Records to have me sanctioned to Jail time. and when I complained about what she

did the following to me (briefly state what each defendant named above did): was doing I was told to let it go.

The federal basis for this claim is: Title 18 U.S.C., Section 242, U.S. Code 1506

State briefly **exactly** what you want the Court to do for you. *Make no legal arguments and cite no cases or statutes:*

To bring charges against Miss Logsdon, where they are warranted and to pay Compensation. She has no regard for the law, she uses the Court for her personal gratification

**B. SECOND CLAIM:** On (date of the incident) 7th of November, 2023,  
defendant (give the name and (if relevant) position held of each defendant involved in this incident) Kara Buscaglia, Amherst Town Court Judge, had me picked up on a bogus warrant, that she says i've had since 2017 which  
did the following to me (briefly state what each defendant named above did): is Not true. This case was know to Judge Buscaglia in 2017, She knew about my complaint in 2017 because she had me locked up for me complaining about Miss Logsdon. Through all of this I completed the program. Judge Buscaglia and Amherst Court has had a copy of my Complaint since 2017 along with all Proof

The federal basis for this claim is: 18 U.S.C., Section 242, U.S. Code 1506

State briefly **exactly** what you want the Court to do for you. *Make no legal arguments and cite no cases or statutes:*

Remove Miss Buscaglia From the Bench, it clear she has total disregard for the laws she is sworn to uphold. also pay compensation

If you have additional claims, use the above format to set them out on additional sheets of paper.



Third Claim: On November 7th, 2023 Mr. Rob Steinhaus my Lawyer in this matter, I told Mr. Steinhause on the 7th of Nov. 2023 that I completed my program and that I had all the proof, he told me to send it to him and he would do a motion to dismiss once he had the proof. I faxed it to his office on the 9th of Nov. 2023 and I called him to ask when was he going to file the motion, he response was there was nothing he could do, I would have to wait for Sentencing, so I asked him what's his thoughts on me filing a Federal Complaint in confidence the next day I get a text from Amherst Court saying that they were Justice Department and that I could not file in Federal Court, which I hadn't, only asked my Lawyer Rob Steinhause, which is no longer my attorney.

Federal Basis for this claim is: Title 18 U.S.C. Section 242, U.S. code 1506

What I want the court to do is bar Mr. Steinhause from practicing Law in N.Y. State, also to pay Restitution

Dated 11/5/23  
 Michael Woda

**6. SUMMARY OF RELIEF SOUGHT**

*Summarize the relief requested by you in each statement of claim above.*

5 million dollars for the mental and Psychological  
Stress. For having me locked up to satisfiethere on personal  
gratification. 2 million, Judge Buscaglia, 2 million, Miss.  
Logsdon, 1 million, Mr. Steinhauv

Do you want a jury trial? Yes ☒ No ☐

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed on 11/5/2023  
(date)

**NOTE:** *Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.*

Michael W. H. [Signature]

Signature(s) of Plaintiff(s)



6/12/17

ATTN: Doug Markey

I Michael Worthy is <sup>formally</sup> filing a complaint against Amherst Drug Court ~~and~~ Eileen Logsdon, drug court coordinator, for lying and falsifying court Documents to have me sanctioned. ON February ~~2~~ 14th, 2017 she showed falsified records to Judge showing that on the 7th of February 2017, that my ~~test~~ toxicology results Numbers were 61 and on the 14th of February 2017 that ~~the~~ I used and they went back up to 135, which they did not.

I had to retain a Lawyer and she has still not cooperated with him in regards with providing him with the actual tox. results the Medlab laboratories sent Amherst Drug Court.

Attached are copies of the falsified report that she showed Judge, also a copy of the ~~actual~~ actual Drug Court report which shows that my toxicology Numbers never went up at no time. I don't feel comfortable at Amherst Drug Court. Mrs. Logsdon keeps giving me ~~hats~~



to let the matter go.

Michael Worthy  
Michael Walla

111 Porter ave.

Buffalo, N.Y. 14201

Phone: 716-563-2392



## ERIE COUNTY SHERIFF'S OFFICE

10 Delaware Ave.

Buffalo, NY 14202

Phone: (716) 858-7618 Fax: (716) 858-7680

**JOHN C. GARCIA**  
SHERIFF  
(716) 858-7608



**WILLIAM J. COOLEY**  
UNDERSHERIFF  
(716) 858-7614

Date: 10.23.2023

To whom it may concern:


This letter will introduce Worthy, Michael, date of birth 6.10.1962.

This person was incarcerated at the Erie County Holding Center / Erie County Correctional Facility on the following dates: 

|                        |                        |                       |
|------------------------|------------------------|-----------------------|
| 6.17.2017 to 7.5.2017  | 5.24.2017 to 6.6.2017  | 3.9.2017 to 3.10.2017 |
| 2.14.2017 to 2.17.2017 | 7.2.2016 to 8.29.2016  | 6.9.2016 to 6.14.2016 |
| 4.7.2016 to 4.12.2016  | 3.16.2016 to 3.21.2016 |                       |

From \_\_\_\_\_ to \_\_\_\_\_, then was subsequently released by a Judge or Justice, of the City, Town, Village, County of Erie, Supreme Court, State of New York.

Sincerely,

 RC  
Records and Booking



# New York State Unified Court System Drug Court Treatment Progress Form

Date of report: 2/10/17  
Report Period Covering :

0 to  
0

## CLIENT INFO

|                         |                            |   |  |                             |
|-------------------------|----------------------------|---|--|-----------------------------|
| Name<br>Worthy, Michael | Drug of Choice<br>cannabis | Date of Admission<br>Pending first visit 1/9/17 | Est. Date of Completion<br>To be determine | DK# / SCI# (Court use only) |
|-------------------------|----------------------------|---|--|-----------------------------|

## COURT INFO

|                  |                                |                           |                     |
|------------------|--------------------------------|---------------------------|---------------------|
| Court<br>Buffalo | Case Manager<br>Eileen Logsdon | Telephone<br>716 689-4255 | Fax<br>716 929-9109 |
|------------------|--------------------------------|---------------------------|---------------------|

## TREATMENT AGENCY

|   |                             |                                     |
|---|-----------------------------|-------------------------------------|
| Treatment Agency Name<br>ECMC-Downtown Clinic   | Type/Modality<br>Outpatient | Preparer's Signature<br>Carl Carter |
| Program Counselor<br>Carl Carter MS, BSW, CASAC | Program Contact<br>same     | Contact Telephone<br>716-961-6965   |

## RECOMMENDATION

- ☒ Maintain Current Tx. Status  
☐ Referral for Additional Services  
☐ Consider for Completion  
☐ Revise Treatment Plan  
☐ Being Considered for Discharge

## TREATMENT SCHEDULE / TREATMENT ATTENDANCE

p=present, e=excused, a=absent, l=late (attendance not required for residential).

| Month         | Days/Wk (check)   | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---------------|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| February      | M T W T F S<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |    |    |    |    |    | p  | p  | p  | p  | a  |    |    |    |    |    |    |
| # Sessions/wk | # hrs/wk  | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |    |

## TREATMENT AREAS

(NA=not applicable; E=Excellent, G=Good, I=Improved, NI=No Improvement)

| Treatment Areas                        | N/A                      | E                        | G                                   | I                        | NI                       |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Attitude toward treatment              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stability of Med/Psych Health          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Status of Entitlements                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Family System Status                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participates in all aspects of program | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## TOXICOLOGY (P=positive, N=Negative, L=Lab Pending)

| Date    | Amp | Barb | Bez | Coc | Md<br>ma | Meth | Opi | Oxy | Sub | THC | BAC |
|---------|-----|------|-----|-----|----------|------|-----|-----|-----|-----|-----|
| 1/9/17  | N   | N    | N   | N   | N        | N    | N   | N   | N   | HP  | 00  |
| 1/26/17 | N   | N    | N   | N   | N        | N    | N   | N   | N   | HP  | 00  |
| 2/6/17  |     |      |     |     |          |      |     |     |     | HP  |     |
|         |     |      |     |     |          |      |     |     |     |     |     |
|         |     |      |     |     |          |      |     |     |     |     |     |
|         |     |      |     |     |          |      |     |     |     |     |     |
|         |     |      |     |     |          |      |     |     |     |     |     |

Key: THC=THC; HER=heroin; COC=cocaine; BEZ=benzodiazepines; AMP=amphetamines; PCP=PCP; ALC=alcohol; METH=methadone; BARB=barbiturates; PM=prescription medication

## TREATMENT SUMMARY/COMMENTS

(Please be specific and include recommendations, aftercare information, and other relevant progress. Include program's response to identified problems, changes in treatment plan, achievements, and issues with which the court may be able to assist)

DX: Cannabis

Michael arrived for scheduled 1:1 session on 2/6/17. He is referred to Stabilization Group 5x per week due to experiencing cannabis use. He appeared calm and cooperative at this point. He did say his plans are to comply with Drug Court and complete outpatient treatment as required. Client will continue to be monitored in treatment. Next 1:1 session is 2/16/17 at 12:30 pm.

# This writer called Med Lab regarding cannabis values for 1/9/17 and 1/26/17; 1/9/17 is 179; 1/26/17 is 160. Tox Report for 2/6/17 not in yet. #I called again 2/10/17, levels are 113 for 2/6/17.



# New York State Unified Court System Drug Court Treatment Progress Form

Date of report: 2/21/17  
Report Period Covering : See Corrections  
Below.

0 to  
0

## CLIENT INFO

Name: Worthy, Michael Drug of Choice: cannabis Date of Admission: Pending first visit 1/9/17 Est. Date of Completion: To be determine Dkt#/SCI# (Court use only):

## COURT INFO

Court: Buffalo Case Manager: Eileen Logsdon Telephone: 716 689-4255 Fax: 716 929-9109

## TREATMENT AGENCY

Treatment Agency Name: ECMC-Downtown Clinic Type/Modality: Outpatient Preparer's Signature: Carl Carter

Program Counselor: Carl Carter MS, BSW, CASAC Program Contact: same Contact Telephone: 716-961-6965

## RECOMMENDATION

- ☒ Maintain Current Tx. Status
- ☐ Referral for Additional Services
- ☐ Consider for Completion
- ☐ Revise Treatment Plan
- ☐ Being Considered for Discharge

## TREATMENT SCHEDULE / TREATMENT ATTENDANCE

p=present, c=excused, a=absent, i=late (attendance not required for residential).

| Month         | Days/Wk (check)   | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---------------|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| February      | M T W T F S<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |    |    |    |    |    | p  | p  | p  | p  | c  |    |    | p  | e  | e  | e  |
| # Sessions/wk | # hrs/wk  | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |    |
|               |   |    |    |    |    | p  |    |    |    |    |    |    |    |    |    |    |    |

## TREATMENT AREAS

(NA=not applicable; E=Excellent, G=Good, I=Improved, NI=No improvement)

## TOXICOLOGY (P=positive, N=Negative, L=Lab Pending)

| Treatment Areas                        | N/A                      | E                        | G                                   | I                        | NI                       |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Attitude toward treatment              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stability of Med/Psych Health          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Status of Entitlements                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Family System Status                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participates in all aspects of program | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Date   | Amp | Barb | Bez | Coc | Md<br>ma | Meth | Opi | Oxy | Sub | THC | BAC |
|--------|-----|------|-----|-----|----------|------|-----|-----|-----|-----|-----|
| 2/6/17 | N   | N    | N   | N   | N        | N    | N   | N   | N   | HP  | 00  |
|        | N   | N    | N   | N   | N        | N    | N   | N   | N   | N   | 00  |
|        |     |      |     |     |          |      |     |     |     |     |     |
|        |     |      |     |     |          |      |     |     |     |     |     |
|        |     |      |     |     |          |      |     |     |     |     |     |
|        |     |      |     |     |          |      |     |     |     |     |     |
|        |     |      |     |     |          |      |     |     |     |     |     |

Key: THC=THC; HER=heroin; COC=cocaine; BEZ=benzodiazepines; AMP=amphetamines; PCP=PCP; ALC=alcohol; METH=methadone; BARB=barbiturates; PM=prescription medication

## TREATMENT SUMMARY/COMMENTS

(Please be specific and include recommendations, aftercare information, and other relevant progress. Include program's response to identified problems, changes in treatment plan, achievements, and issues with which the court may be able to assist)

DX: Cannabis

Michael arrived for unscheduled 1:1 session. He reported that he was sanctioned by the court because their tox reports indicated that he was still using. He spent 4 days in jail, and wanted a copy of his tox screens to check if reports from the DTC were the same as Amherst Court. Other than that, he said everything else is ok. I did inform him that I need to see supervisor about release of information and to reschedule him for Stabilization Group. He left urine sample. Next 1:1 session is Thursday March 2, 2017 at 9 am.

Corrections made on this sheet 2/6/17 HP cannabis.





– Downtown Clinic

1285 Main Street ▪ Buffalo, New York 14209

Presents this

**AWARD OF ACHIEVEMENT**

TO

*Michael Worthy*

Upon successful completion of

At ECMC - Downtown Clinic Outpatient Program

**Congratulations!**

August 2, 2017

DATE

*Carl E. Costello MS*  
COUNSELOR 1054C 8/2/17



The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

## I. (a) PLAINTIFFS

Michael Worthy

(b) County of Residence of First Listed Plaintiff

Erie

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

## DEFENDANTS

Eileen Logsdon  
Kara Buscaglia  
Rob Steinhilber

County of Residence of First Listed Defendant

Erie

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☒ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                                   | DEF                                   |   | PTF                        | DEF                                   |
|---|---------------------------------------|---------------------------------------|---|----------------------------|---------------------------------------|
| Citizen of This State                   | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input checked="" type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2            | <input type="checkbox"/> 2            | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5            |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3            | <input type="checkbox"/> 3            | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6            |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: [Nature of Suit Code Descriptions.](#)

| CONTRACT   | TORTS  | FORFEITURE/PENALTY  | BANKRUPTCY   | OTHER STATUTES   |
|--|--|---|--|--|
| <input type="checkbox"/> 110 Insurance<br><input type="checkbox"/> 120 Marine<br><input type="checkbox"/> 130 Miller Act<br><input type="checkbox"/> 140 Negotiable Instrument<br><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment<br><input type="checkbox"/> 151 Medicare Act<br><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)<br><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits<br><input type="checkbox"/> 160 Stockholders' Suits<br><input checked="" type="checkbox"/> 190 Other Contract<br><input type="checkbox"/> 195 Contract Product Liability<br><input type="checkbox"/> 196 Franchise | <b>PERSONAL INJURY</b><br><input type="checkbox"/> 310 Airplane<br><input type="checkbox"/> 315 Airplane Product Liability<br><input type="checkbox"/> 320 Assault, Libel & Slander<br><input type="checkbox"/> 330 Federal Employers' Liability<br><input type="checkbox"/> 340 Marine<br><input type="checkbox"/> 345 Marine Product Liability<br><input type="checkbox"/> 350 Motor Vehicle<br><input type="checkbox"/> 355 Motor Vehicle Product Liability<br><input type="checkbox"/> 360 Other Personal Injury<br><input type="checkbox"/> 362 Personal Injury - Medical Malpractice<br><b>PERSONAL INJURY</b><br><input type="checkbox"/> 365 Personal Injury - Product Liability<br><input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability<br><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability<br><b>PERSONAL PROPERTY</b><br><input type="checkbox"/> 370 Other Fraud<br><input type="checkbox"/> 371 Truth in Lending<br><input type="checkbox"/> 380 Other Personal Property Damage<br><input type="checkbox"/> 385 Property Damage Product Liability | <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881<br><input type="checkbox"/> 690 Other<br><b>LABOR</b><br><input type="checkbox"/> 710 Fair Labor Standards Act<br><input type="checkbox"/> 720 Labor/Management Relations<br><input type="checkbox"/> 740 Railway Labor Act<br><input type="checkbox"/> 751 Family and Medical Leave Act<br><input type="checkbox"/> 790 Other Labor Litigation<br><input type="checkbox"/> 791 Employee Retirement Income Security Act<br><b>IMMIGRATION</b><br><input type="checkbox"/> 462 Naturalization Application<br><input type="checkbox"/> 465 Other Immigration Actions | <input type="checkbox"/> 422 Appeal 28 USC 158<br><input type="checkbox"/> 423 Withdrawal 28 USC 157<br><b>PROPERTY RIGHTS</b><br><input type="checkbox"/> 820 Copyrights<br><input type="checkbox"/> 830 Patent<br><input type="checkbox"/> 835 Patent - Abbreviated New Drug Application<br><input type="checkbox"/> 840 Trademark<br><input type="checkbox"/> 880 Defend Trade Secrets Act of 2016<br><b>SOCIAL SECURITY</b><br><input type="checkbox"/> 861 HIA (1395ff)<br><input type="checkbox"/> 862 Black Lung (923)<br><input type="checkbox"/> 863 DIWC/DIWW (405(g))<br><input type="checkbox"/> 864 SSID Title XVI<br><input type="checkbox"/> 865 RSI (405(g))<br><b>FEDERAL TAX SUITS</b><br><input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)<br><input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 | <input checked="" type="checkbox"/> 375 False Claims Act<br><input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))<br><input type="checkbox"/> 400 State Reapportionment<br><input type="checkbox"/> 410 Antitrust<br><input type="checkbox"/> 430 Banks and Banking<br><input type="checkbox"/> 450 Commerce<br><input type="checkbox"/> 460 Deportation<br><input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations<br><input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)<br><input type="checkbox"/> 485 Telephone Consumer Protection Act<br><input type="checkbox"/> 490 Cable/Sat TV<br><input type="checkbox"/> 850 Securities/Commodities/Exchange<br><input type="checkbox"/> 890 Other Statutory Actions<br><input type="checkbox"/> 891 Agricultural Acts<br><input type="checkbox"/> 893 Environmental Matters<br><input type="checkbox"/> 895 Freedom of Information Act<br><input type="checkbox"/> 896 Arbitration<br><input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision<br><input type="checkbox"/> 950 Constitutionality of State Statutes |
| <b>REAL PROPERTY</b><br><input type="checkbox"/> 210 Land Condemnation<br><input type="checkbox"/> 220 Foreclosure<br><input type="checkbox"/> 230 Rent Lease & Ejectment<br><input type="checkbox"/> 240 Torts to Land<br><input type="checkbox"/> 245 Tort Product Liability<br><input type="checkbox"/> 290 All Other Real Property   | <b>CIVIL RIGHTS</b><br><input checked="" type="checkbox"/> 440 Other Civil Rights<br><input type="checkbox"/> 441 Voting<br><input type="checkbox"/> 442 Employment<br><input type="checkbox"/> 443 Housing/Accommodations<br><input type="checkbox"/> 445 Amer. w/Disabilities - Employment<br><input type="checkbox"/> 446 Amer. w/Disabilities - Other<br><input type="checkbox"/> 448 Education<br><b>PRISONER PETITIONS</b><br><b>Habeas Corpus:</b><br><input type="checkbox"/> 463 Alien Detainee<br><input type="checkbox"/> 510 Motions to Vacate Sentence<br><input type="checkbox"/> 530 General<br><input type="checkbox"/> 535 Death Penalty<br><b>Other:</b><br><input type="checkbox"/> 540 Mandamus & Other<br><input type="checkbox"/> 550 Civil Rights<br><input type="checkbox"/> 555 Prison Condition<br><input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement   |   |  |  |

## V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

## VI. CAUSE OF ACTION

Brief description of cause:

Falsifying court Records and conspiracy to cover up

## VII. REQUESTED IN COMPLAINT:

☒ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$ 500,000

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

11/6/23

Michael Worthy

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

LSV

MAG. JUDGE